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## \*BIBDATASHEET\*

CONFIRMATION NO. 1721

Bib Data Sheet

<b>SERIAL NUMBER</b> 09/758,781	<b>FILING OR 371(c) DATE</b> 01/11/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> 14358-308	
<b>APPLICANTS</b> Elliott Farber, North Mankato, MN;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/570,266 05/12/2000 PAT 6,329,413 which is a CIP of 09/360,095 07/23/1999 PAT 6,281,236					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 02/22/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 81	<b>INDEPENDENT CLAIMS</b> 10
<b>ADDRESS</b> 24633					
<b>TITLE</b> ALLANTOIN-CONTAINING SKIN CREAM					
<b>FILING FEE RECEIVED</b> 2668	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		